

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034347

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2289

FILED AUG 19 1963

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Clayton</b>                          |  | c. CITY OR TOWN <b>Brentwood</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D.O.A. County Hospital</b> |  | d. STREET ADDRESS <b>9159 Wrenwood Lane</b>   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED<br>(Type or print.)<br>First <b>Ann</b> Middle <b>E.</b> Last <b>Doughman</b>                    |                                  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>18</b> Year <b>1963</b> |  |   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-25-1934</b>                                 | 9. AGE (last birthday)<br><b>28</b>                                      | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>23</b> Hours <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>School Teacher</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Park School</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Rising Sun, Indiana</b> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                  |   |  |  |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>Alfred Payey</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Jenner</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Gordon Doughman</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.<br><b></b>              |  | 17. INFORMANT<br>Address <b>Rising Sun, Indiana</b><br><b>Detmer &amp; Detmer Funeral Home, Indiana</b> |  |

|   |  |                                  |
|---|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Multiple stab wounds</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b></b>                      |  |                                  |
| DUE TO (c) <b></b>  |  |                                  |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |  |   |  |
|---|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Stab wounds delivered at the hands of another person</b> |  |
| 20c. TIME OF INJURY<br><b>9:00 approx</b>   | Hour <b>9:00</b> p.m. <b>7/18/63</b>   |   |  |

|   |   |  |                         |                       |
|---|---|--|-------------------------|-----------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Premises in &amp; surrounding home</b> | 20f. CITY, TOWN, OR LOCATION<br><b>Brentwood</b> | COUNTY <b>St. Louis</b> | STATE <b>Missouri</b> |
|---|---|--|-------------------------|-----------------------|

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                     |  |                                    |
|---|-------------------------------------|--|------------------------------------|
| 22a. SIGNATURE<br><b>Raymond H. Harts</b> | (Degree or title)<br><b>Coroner</b> | 22b. ADDRESS<br><b>Clayton, Missouri</b> | 22c. DATE SIGNED<br><b>7/25/63</b> |
|---|-------------------------------------|--|------------------------------------|

|   |                                   |  |   |                       |
|---|-----------------------------------|--|---|-----------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>July 18, 1963</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Local</b> | 23d. LOCATION (City, town, or county)<br><b>Rising Sun, Indiana</b> | (State)<br><b>IND</b> |
|---|-----------------------------------|--|---|-----------------------|

|  |  |                                     |
|--|--|-------------------------------------|
| 24. FUNERAL DIRECTOR<br><b>Lupton Chapel Inc. 7233 Delmar Blv'd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-18-63</b> | 26. EMBALMER'S SIGNATURE<br><b></b> |
|--|--|-------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
14002  
24011  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

FROM

CITY, STATE

DATE

RECEIVED BY POST BOX 1000 MOBILE